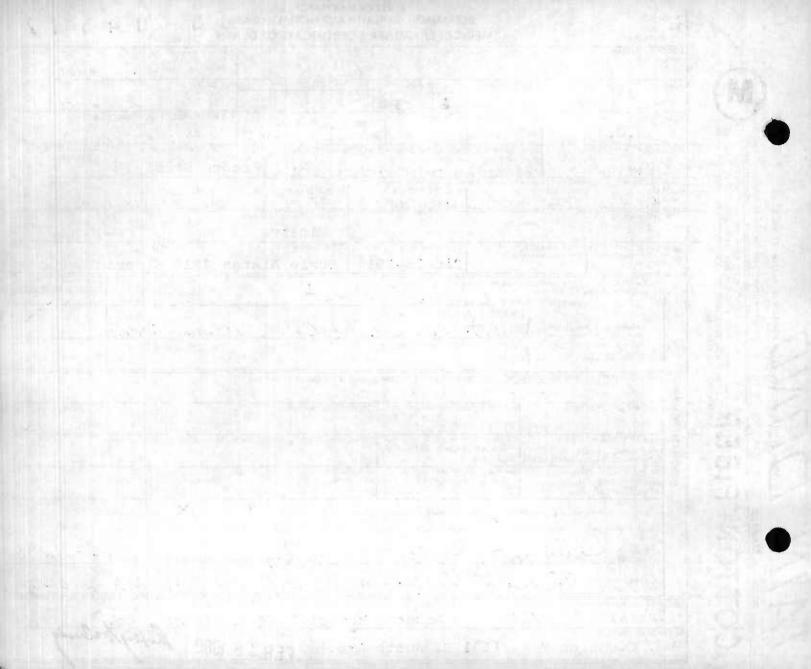
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	a d	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE			CITY LIMITES 12. STRE	ET ADDRESS.	187	
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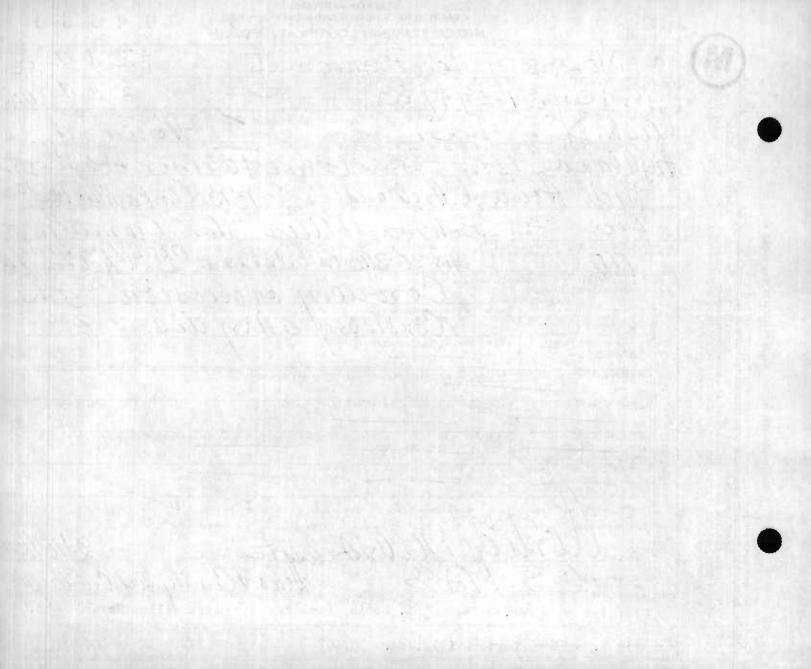
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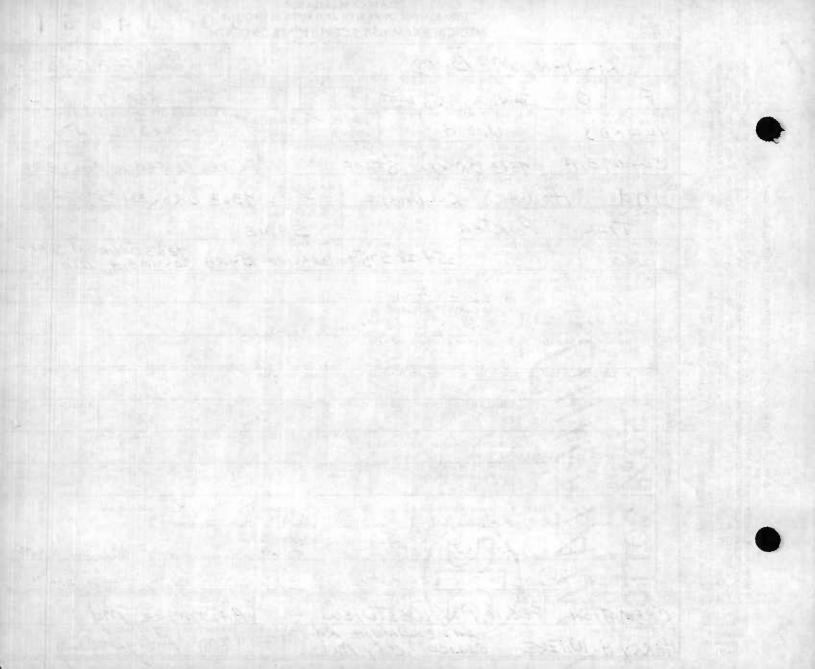
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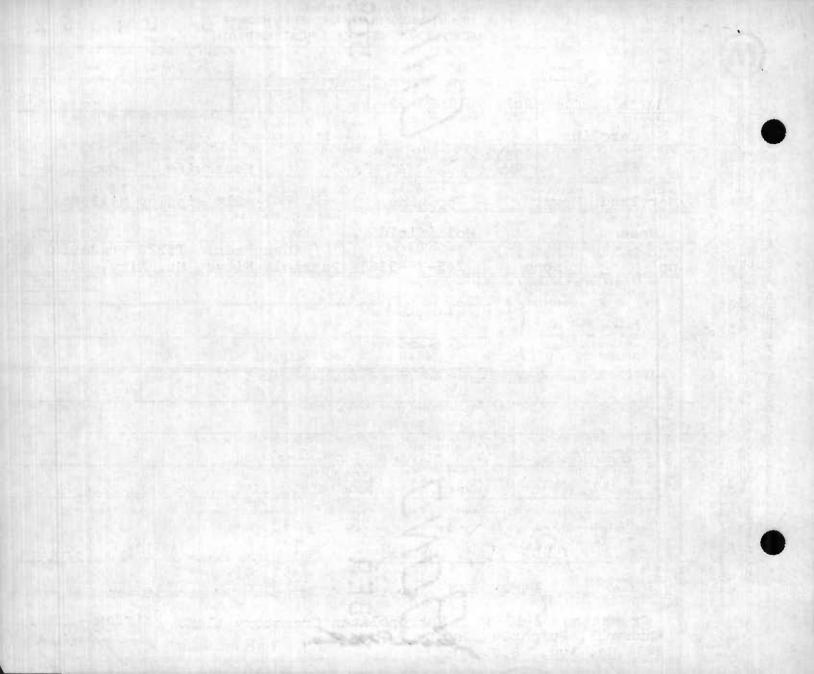
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME DATE KNOWN OF ESTI-(TYPE OR PRINT) 19 3. SEX DATE RONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED 14. FATHER'S NAME BETWEEN ONSET AN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A COMBEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19s. DATE OF OPERATION 18s. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. AUTOPSYT TO BURIAL. YES [] NO F 31s EXTERNAL CAUSE WAS TIE TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF PULLET IN THE SEPART I OF PART 2) HOUR A.M. MONTH DAY. YEAR MEDICAL ONTRIBUTING CAUSE OF DEATH F.M. THE PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ED CITY OF TOWN COUND AT WORK AT W albed above, held on and in my opinion 22s. I certify the danth resulted ACTUAL SIGNATURE St. Louis Cemetery 23a. BURIAL, CREMATION, REMOVAL Md. Howard Feb.13,1980 Clarksville (SPECIFY) Burial 250. DATETE BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** history Malrea Francis H. Barber Laytonsville, Md. 20760 (VR A15 ME (5)) 15M 7/76



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7	10. C	TY OR TOWN OF DEATH		OSPITAL, NURSING HOME		ER INSTITUTION	FOR MOST OF W	1	OR INDI	USTRY
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		1719	DUE TO, C	R AS A CONSEQUENCE	OF /					
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	ME	WHILE NOT WHILE AT WORK	STREET, FA	CTORY, FARM, ETC.)		TREET	CITY OR 1	OWN	COUNTY	STATE
		22a. I certify that I taak charge o	of the remains d	escribed abave, held an	Autop	y , Inspectio	n Inquir	y 🔄 , and in	my opinian	
		death resulted fram: Natural	causes 🗵	Accident , Sui	cide	, Hamicide .	Undetermined	manner ,		
		ACTUAL SIGNATURE	25	Horbert	- M	TITLE (SPECIFY)	MEDICAL EXA		DATE 2-/	8-80
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-	23a.B	URIAL, CREMATION, REMOVAL 23b.	DATE _	23c. NAME OF CEA	-	ADDRESSR CREMATORY	23d. LOCATION			
	C	REMATION F	EB. 18, 1	1970 WEST	DIE	W	BALT	MORE	MOTER	STATE
	24. F	UNERAL DIRECTOR	ADDRE	4112 COLUMI	3/19	Rd. 250. DATE	REC'D. BY REGISTI	RAR 256 PGISTR.	AR'S SIGNATURE	
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10		FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	13	13 5	15	2
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AORE, MD. 21201 FE DEATH IF ANY DELAY IS NEC PAGES 1, 2, AND 3 TO THE FUN ORM PM. 3, RETAIN PAGE 5, FI S 1, AND 2, SHOULD BE FILED. W N OF VITAL RECORDS, 301 W. P							Eva				ashbu	
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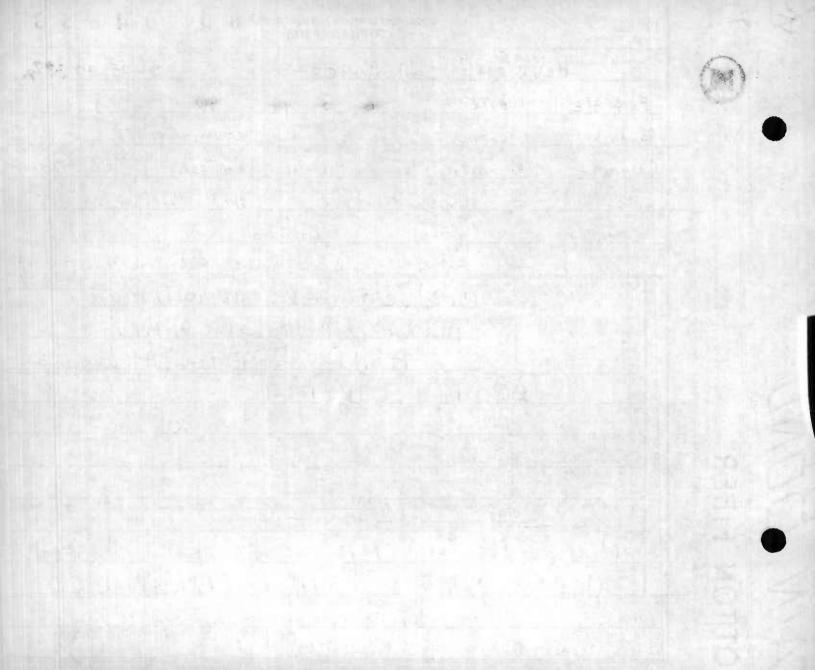


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		death resulted fram: No	atural causes	Accident , Suicide	Hamicide .	Undetermined mann		
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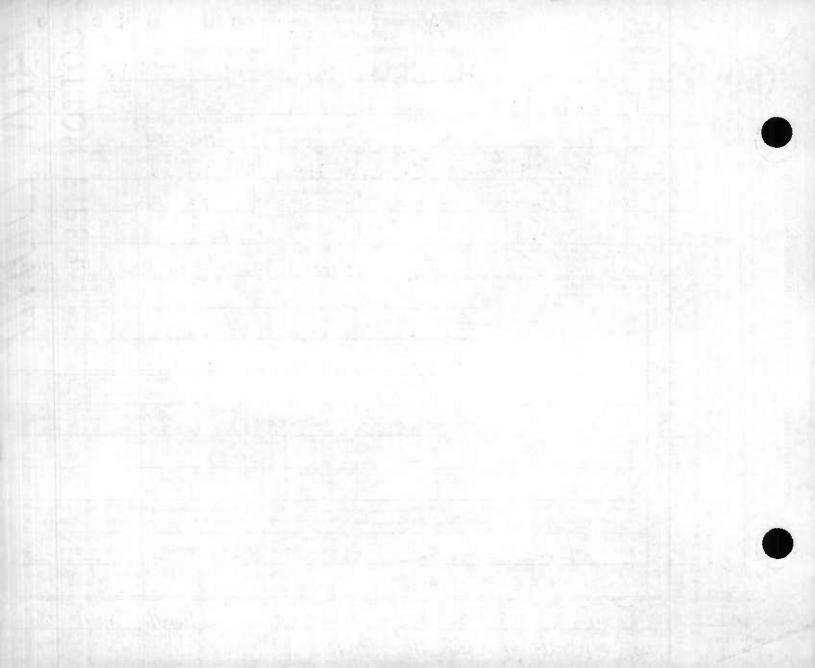
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5	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES () () 4 5 5 5
	'	REGISTRAR	CERTIFICATE OF DEATH REG. NO
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	(TYPE	ORPRINT) Hen	Rietta (mi) Bonert 2-25-80 327 m
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2 25		e MAle	WHITE 6 5 99 80 YRS
2 22 19	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
1 15 2/	P	SLAND	POLAND WIDOWED DIVORCED HOWARD COUNTY MD.
1 11 3//	10 CI	TY OR TOWN OF DEATH	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (Type of work for most of working life) INDUSTRY
0 5 5 5/	1 C	OLUMBIA /	SHOW ARD COUNTY GENERAL HOSPITAL LABORER PICKLE FACTORY
BALTIMORE, MARYLAND 2120 cote be executed allinin 24 Heart ysicion and complete, lilled Hit opers. Pages 1 and a should be fit ovel. it, the medical exerting the medical exerting the fit.			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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FIM o o o o o o o o o o o o o o o o o o o		NO -	SIVE WAR OR DATES) 220-03-0921 MRS. HELEN KESSLER-2704 PAGE DRIVE #2/222
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OR A DIRECTORY DIRECTORY DEPT		72h SIGHTATURE	DE GREE 221, DATE SIGNED
the har the har the har the har the har the DIRE		(1010 10	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 25 F & D
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DHMH - 16 60M 1/75		INERAL DIRECTOR	ADDRESS C. C. 2. D. BY REGISTRAR 256. REGISTRAR 35 CHATUE
(VR A 15 (4))	60	ORGE A. WEBER &	& SONS FAC 765 S. ANN ST. 21239 EB 20 1980



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ALL Sicro		18 CAUSE OF DEATH (Enter o	nly one couse per line for to	, (b), and (c).			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
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the the			10)	mble seps		Acretiano	(Pub.)	
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3 0 0 0 E		22a. I certify that HT (this hasp	ital) attended the deceased	from	19 91	2 , to 2 -	7-1980	that (1) (we) lost
TEN TOR: or us of He		sow the deceased alive a	2-6-		nd that in (my) (our) opinion	death occurred on the do	te and hour and from the	couses stated
hospit RECTG IRECTG Pept. of tem 2	-	22b. SIGNATURE	ot) view the body ofter deatl		DEGREE		22c, DATE	SIGNED
0 % 0 % 0 ±		aho.			ATTENDING	MEDICAL _ STAF	F	7 Can
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Of Shoots		SURIAL CREMATION, REMOVA	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION		49-99
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(VR A 15 (4))	1 7	NAME YII YA	intot duling	MEDD TO	My PI	DOC! 1 TU	7.77	and a



2	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	4031
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100	SE)	Male	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE UN XEAR LAST HIRTHDAY) 9 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
11/11	ce	est Virginia	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Howard C	ounty MD
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7	W.	Virginia 35 000	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Ripley	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	13. SIREET ADDRESS Ave.	
164		late Joseph	Ferguson	late FR Cords		LAST
HE	6a W	(AS DECEASED EVER IN U.S. AR es, no or unknown) (IF YES, GIV	rmed forces? 166 Social Secu ewar or dates) 236 16 7	140 Robert Fergu	son 9752 Riversion	le Circle 21043
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EASE		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF	MINAL DISEASE OF CONDITION OF	(S) IN GART V.
NE	CERTIFICATION	Fraction 190 DATE OF OPERATION	re (L) hip	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
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		sow the deceased alive or	ot) ottended the deceased from	FUR 4 19 50 and that in (my) (out) opinion	death accurred on the date and hou	19, that (I) (we) lost or and from the couses stated
	-	226. SIGNATURE	Carlos	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
		ROBERT 5	5000 WILL /10	122e ADDRESS (Township C	COLUMBI CENERAL	A, MO. HOSPITAL
≥ 2	3a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Mount Olive	23d LOCATION	onuco. W. Va.
, 2	Ha	neral director	4112 Columbia Ro	Ellicott City 256. DA	TEREC'D. BY REGISTRAR 256. REGISTED 1 1980	ARX SIGN AUBE Cready

STATE OF MARYLAND

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9207 Bellfall Ct. LAST Vincent T. Finan Jr. 9207 Bellfall Ct 21045 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 245 SUITEMMS Cell corcinmes of skin PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 22c. DATE SIGNED DIRECTOR | PHYSICIAN (SPECIFY Burial Middletown 26180 New Jersey Feb. Mount Olivet 24 FUNERAL DIRECTOR Harry H. Witzke 4112 Columbia Rd. Ellicott Cty

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

1980

IF UNDER I YEAR

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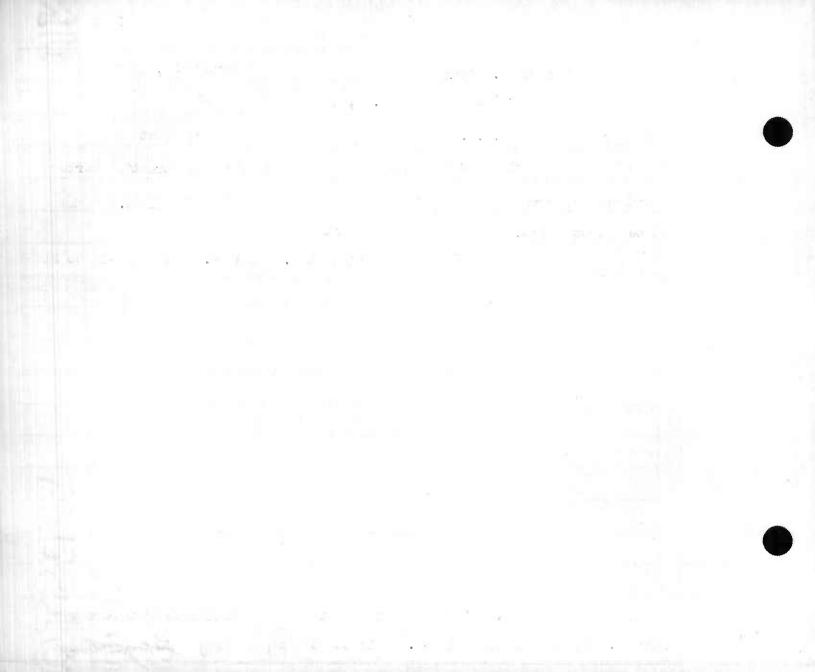
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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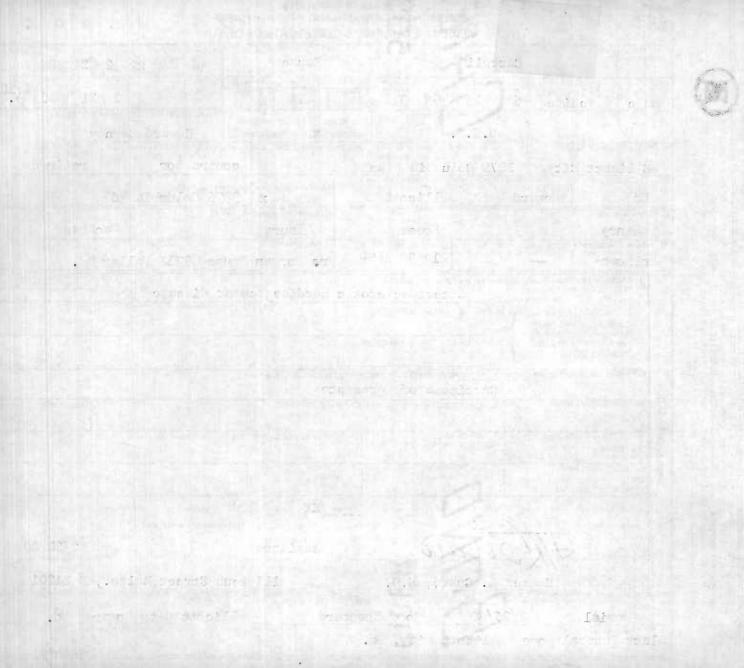
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CRAIVEAM TAVAS

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NER'S NAME OR PRINT)					ADDRESS_	111]	Penn	Street,B	SIC	NEU	./22/80 .01
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Guard, M.D. CREMATION, REMOVAL 23b, DATE TABLE TRANSPORTED TO THE TERMINAL DISEASE AND WHICH OPERATION W AND	Travis Austin 78753 YES IN NAME TO AUSTIN PAUL Paul Hoch , Sr. CEASED EVER IN U.S. ARMED FORCES? RUNKNOWN) (IF YES, GIVE WAR OR DATES) AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RRT I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardio DUE TO, OR AS A CONSEQUENCE OF OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION ATE OF OPERATION IPB. CONDITION FOR WHICH OPERATION WAS PERFOR RIBUTING OR RIBUTING OR RIBUTING CAUSE OF DEATH P.M. IQURY OCCURRED STREET, FACTORY, FARM, ETC.) AL ATURE AL ATURE AL ATURE ADDRESS CREMATION , REMOVAL 236. DATE 1236. NAME OF CEMETERY OR CREMATO ADDRESS CREMATION , REMOVAL 236. DATE 1236. NAME OF CEMETERY OR CREMATO ADDRESS CREMATION , REMOVAL 236. DATE 1236. NAME OF CEMETERY OR CREMATO ADDRESS CREMATION , REMOVAL 236. DATE 1236. 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or other		underlying couse lost	(c) <u>Ce</u>	rebron	scul	disease		1/3	earn.
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	MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIH	MONITI DA	19				S 450 H
/	5 F	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	ABM EYE	21f. LOCATION	CITY OR TOWN	COUNT	Y STATE
rked or Item	ME	WHILE AT WORK AT WORK	(AT HOME, STREET,	, racioni, office, in	ARM, ETC.)		CITY OR TOWN	000141	
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n 21 is morked or Item		220.1 certify that (1) (this hasp sow the deceased alive or above (1) (we) (did) (did no	ital) attended the d	eceosed from	2/	d that in (our) apinion	deoth occurred on the date on	, 19	that (i) (we need the courses state
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OU 3	10 C	TY OR TOWN OF D	ATH 1		HOSPITAL, NURSI		R OTHER INSTI	TUTION	12R USUAL OF	CUPATION or most of works		NE KIND OF	BUSINESS OR	
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or Item	-	OR CONTRIBUTING		HOUR A./	M. MONTH E	DAY YEAR								
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MPORTAN		OTTO C.		M,D/						, BALTI	MORE	MD.	21229	
	23a E	BURIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	EMETERY OR C	REMATORY	23d. LOCAT CITY OR 1	OWN	COUN	4TY	STATE	
_		BURIAL		02-14	-80	MOUNT	OLIVET	The second second		MORE CI	-	MAF	RYLAND	
25M	24 FI	JNERAL DIRECTOR			ADDRESS		21229	25m. DATI		SISTRAR 256. RE	GU RAR	S SIGNATU	RE	
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STATE OF MARYLAND

- STATE REGIST		DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 70. DATE KNOWN X MONIH	DAY YEAR (26, HO
3. SEX ma 1	THOMA S	OF ESTI = 2	25 80
3. SEX ma 1	e white	S. DATE OF BIRTH 10.7 16.7 1914 10. AGE (IN YEARS) IF UNDER 1 YR. (IF UNDER 24 HRS. 21. DATE MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 2-	DAY YEAR ACT
Va. BIRTHPLA FOREIGN CO Mary1	ACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY.	Y OF DEATH
Maryl D. CITY OR T Simps USUAL RESID Md. II FATHER'S		USA WIDOWED DIVORCED Howard Count	4
Simps	onville	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NO INSUFFICIALITY GIVE STREET ADDRESS) BIdg. 7 Octane Bidg. WR Grace Co. Instrument Spec	12b. KIND OF BUSINESS OR INDUSTRY ialkist
SUSUAL RESID	DENCE (IF IN NURSING HOME OF HOWE	R OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) TY 13c, CITY OR TOWN 13d, INSIDE (ITY LIMITS? 13e, STREET ADDRESS 25 ATC JESSUP YES NO X RFD #2 Box # 25	00
	homas McAu	aliffe Mary Owens	LAST
168 WAS DEG (YES, NO, OF YES	CEASED EVER IN U.S. ARM RUNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES) 215 05 2239 Margaret Estelle McAuliff	e
go co ly PART 2	anditions, if any, which ave rise to immediate ause (a) stating the <u>undering cause last</u> . OTHER SIGNIFICANT (DNDITIONS C	(b) DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).	
19a. DA	ATE OF OPERATION	196, CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
CONTI	KTERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF D JURY OCCURRED	21e. PLACE OF INJURY (ATHOME. 211, LOCATION	YES NO R12)
27a	h resulted fram Nature	e of the remains described above, held an Autopsy , Inspection , Inquiry , and in my ap al causes . Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)	inian
(TYPE (ATURE 45004	argarita A. Korell, M.D. ADDRESS 111 PennStreet	2-26-80

attemporal to the state of the same of

Harry H. Witzke 4112 Columbia Rd Ellicott City

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

IF UNDER 24 HRS

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	A S	228. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . SIGNATURE . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . SIGNATURE . SIGNED . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . SIGNED . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . SIGNED . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . SIGNED . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . SIGNED . 11-SU . M.D. DEPUM MEDICAL EXAMINER . M.D. DEPUM											8)					
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amp	200		ss Ällen Hayne:			Minerva Hoop	er						
and cond cond cond cond cond cond cond co	medica		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC EWAR OR DATES) 086-01-		17 INFORMANT	ADDRESS Sil.	ver Spring, Md.					
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that d by lease iol, cr	or ath		underlying cause last (c) attended to Candia Vasculas disease USAS. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
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d by	TAN		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS / JAL	Petuxent F	KWU 1					
TO HOSPITA retained by TO FUNERA should be di	MPORTAN		WILLIAM	MARNES		11082 CM	COLUMB	31A MD 21044					
F of T is	5	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CE	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE					
BP	-	24 E	Burial UNERAL DIRECTOR	9 Feb 80 H	Jarmony	Memorial Par	k Landover P. (Co. Maryland					
VR A 15 (4))	77	W		Co., Inc. 1432	You St.	reet. N.W.FF	B 1 3 1980 Fin	Fry Mc Cready					
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DHMH - 16 50M 7/77 (VR A 15 (4))

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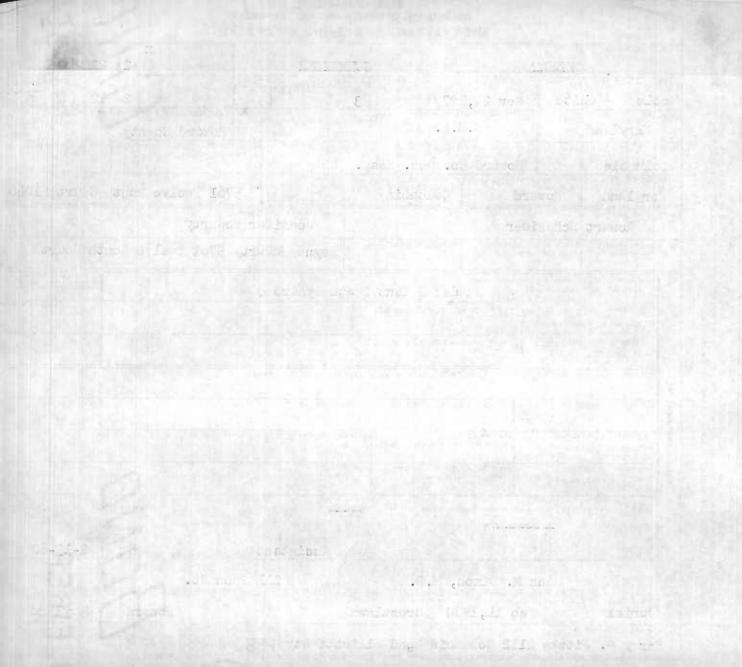
	1	FOR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA	AL HYGIENE 8	0 4 5 7
	-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0,0,
	1. DEG	CEASED NAME FIRST OR PRINT) Nann	ie Sue	Scales	Pebruary	" 29°, 1'980° 5
(3 SEX	Female	A RACE Black	S. DATE OF BIRTH BY 03 YE	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
23	70. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE	A	
TO THE PERSON		Columbia. N	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTIO	DOMES CIC WORK TO WORK TO PWORK TO PWOR	RKING LIFE) 126, KIND OF BUSH
must be	USU/ 13a S	AL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13c. CITY OF	E BEFORE ADMISSION)		Elves Way
and 2 sho		THER'S NAME	ck Scales	15 MOTHER'S MAID	EN NAME Stuart	Scales
Pages 1 o	16a V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,		SECURITY NO. 17 INFORMANT	ADDRESS	odelves Way
papers. noval. ent, the r	140	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line for (o), (USED BY:		Columbia	APPROXIMATE INT
on, ar ren		4292 Conditions, if ony, which	DIATE CAUSE (0) DUE TO, OR AS A CON: Ven	SEQUENCE OF tricular arrhyt	hmia	chror
, cremati other tra		gave rise to immediate cause (a), stating the underlying cause last	DUE TO OP AS A CON			sease chron
hen plec ta buriol ijury, ar	NO	PART 2. OTHER SIGNIFICA		G TO DEATH BUT NOT RELATED TO TH		
t permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200	. IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES \(\square\) NO
ial-transi ntal Hygiem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAMI	FDEATH HOUR A.M. MONTH	H DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN II	EM 18, PART 1 OR PART 2)
s the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OF TOWN	COUNTY
for use a af Health 21 is mai	1		ospital) attended the deceased (pinion death occurred on the date o	nd hour and from the causes s
detached ate Dept. IT: If Item		22b. SIGNATURE	James, W	DEGREE ATTEND PHYSIC	DING MEDICAL STAFF	2/29/8
should be deto with the State	1	22d PHYSICIAN'S NAME (TO Villiam Par	(PE OR PRINT)	22e ADDRESS	ttle Patuxent	
0 + 0						

DHMH - 16 50M 7/77 (VR A 15 (4))

- 10 1.1 V stere called the first the called the A sultain make an altered face? 1901 The cure of the state of the section of the state of the

4-7		OR		DI	PARTMENT OF	HEALTH	I AND MENTAL HY	GIENE	- 0	13	1 1	1	
0		TATE		MED	CAL EXAMIN	NER'S	CERTIFICATE OF	DEATH	REG. NO.		0 /	•	
		EASED NAME	FIRST		MIDDLE		LAST	20. DATE N		HINOM	DAY YEAR	2b. HOUR	
5	(IAbe	OR PRINT)	ROBER	r		SCH	NEIDER	OF DEATH	MATED	2	12,080	M	
3	SEX	4 RAC	E	5. DATE OF BIRTH	6. AGE (INY		DER TYR. IF UNDER 2		N	HTMON	DAY YEAR	12:50	
Z	ma	ale wh	nite	Nov 22,	979 LAST BIRTHI	RS. MONT	HS DAYS HOURS	PRONOUNI DEAD	CED	2]	12 19 80	D W	
, ,	7e. BIR	THPLACE (STATE OR		76. CITIZEN OF WHA		12	IED NEVER MARRIED	9. BALTIMO	ORE CITY OR C	COUNTY		1	
55	FOR	Mary land	33.55	U.S	.A.	WIDOW			d Count	tv		AAD	
2 / 1	0. CIT	Y OR TOWN OF DE	ATH		TAL, NURSING HOM			120. USUAL OCCUP.	ATION (TYPE OF		26 KIND OF B		
	Co	lumbia		Howard C	o. Gen. H	osp.	(DOA)	FOR MOST OF WORK	ING LIFE]		OR INDUST	IRY	
			IRSING HOME OF	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	IONI							
	Jo. SJ M	aryland	How:	ard	Columbia	n	13d. INSIDE CITY LIMITS? 1	130. SECTION 130.	relve M	onth	Court	21046	
1	4. FA	HER'S NAME ROBERT	Schne	ider	LAST		15. MOTHER'S MAIDEN Jennife	r McCarty	DDIE		LAST	- 7	
1	60. W	AS DECEASED EVER	IN U.S. ARM (IF YES, GIVE W	NED FORCES? VAR OR DATES)	16b. SOCIAL SECURI	TY NO.	Wayne McCa	Wayne McCarty 5761 Twelve Month C					
F		18 CAUSE OF DEAT	TH (Enter only	y one cause per line fo	vr (a) (b) and (c)		1				APPROXIMA!	TE INTERVAL	
		PART I DEATH W	AS CAUSED	BY: Sud	den Infan	t Dea	th Syndrome			200	BETWEEN ONS	ET AND DEATH	
		7900	IMMEDIATI	E CAUSE (o)	S A CONSEQUENCE	_							
	100	Canditians, if											
ы		gave rise to couse (a) stating		(b)	S A CONSEQUENCE	OF							
	60	lying cause last		30210,000	O A CONSEQUENCE	O,							
1		PART 2 OTHER SIGNIFICAN	AT CONDITIONS C	ONTRIBUTING TO OF ATH BU	NOT BELATED TO THE TER	NINAL DISTAS	E OR CONDITION GIVEN IN PART						
	Z	TAKE 2 OTHER SIGNIFICAL		ONTRIBUTING TO OLATE BO	I NOT KELATED TO THE TEK	MINAL UISEAS	CONCUMULTION GIVEN IN PART	1 (0).					
-	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDITIO	ON FOR WHICH OPE	RATIONW	AS PERFORMED?				20. AUTOPSY	(?	
	FIC										YES 🔀	NO 🗆	
1	ERT	210. EXTERNAL CAU		216. TIME OF I		21c. Ho	OW INJURY OCCURRED	(ENTER NATURE OF INJ.	JRY IN ITEM 18 PAR	T I OR PART		, NO []	
	ALC	UNDERLYING CONTRIBUTING	OR CALLES OF T	HOUR A.M.	MONTH DAY YEA	R		572			25,1	10 34	
	0 1	214 INTERPLACE IN	DED	2)e PLACE OF	INJURY (AT HOME,	21f. LO	CATION						
-	ME	WHILE AT WORK AT W	WHILE	STREET, FACTO	RY, FARM, ETC.		STREET	CITY OR TOW	VN	COUN	ITY	STATE	
		AT WORK WAT W	VORK				177)						
1		220. 1 certify that	I taak charge	e of the remains descr	ibed abave, held an	Autop	Name of the section	. Inquiry	L, and in	n my apin	iian		
1		death resulted from	n Materia	olemne X	ccident , s	uicide 🔲	Hamicide .	Undetermined mo	nner .				
1	1 []	View No.	in	10 LAN	かへ		TITLE (SPECIFY)				DE HOY	0 -	
1		ACTUAL SIGNATURE	(11)	1	9 0	- 10	. Assistant	MEDICAL EXAM	INER	DATE SIGNED.	2-13-	-80	
1		EVALUEDIO ALLE	1	1									
1	-	EXAMINER'S NAME (TYPE OR PRINT)	An	n M. Dixor	, M.D.		ADDRESS	Penn St.		THE			
1		RIAL, CREMATION,			23c. NAME OF CE		R CREMATORY	23d. LOCATION CITY OR TOWN		COUNT	Υ	STATE .	
		Burial		Feb 14,19	30 Crest	lawn			Howar		Maryl	and	
		NERAL DIRECTOR		ADDRESS		739.3.4	250. DATE RE	C'D. BY REGISTRAI	R 25b. REGISTA	AB'S SIC	SMATURCLE	roly	
	H	arry n. W	itzke	4112 Colu	nbia Rgad	Ellic	oott Gty FE	B 1 4 198	4	1			
100							- b b	- 12 1 /1 109	21 00	100	PHORE	1	

STATE OF MARYLAND



	1-5	OR STATE		MI	DEPARTMEDICAL E	MENT OF	HEALTH		ENTAL		13 4)	0	4	6 /	10
Т	. DEC	EASED NAME	FIRST	7410	MIDDLE	AMIIN	IER 3 C	EKTIFIC	CAIE	OF DEA		REG.		ONTH DA	Y YEAR	Izb. HOUR
	(TYPE	OR PRINT)	THOMA	S	J.			Wilcz	ek		OF	ESTI- MATED		2 29		
3	SEX	4. R	ACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDE	R 24 HRS.	2c. DATE	E	MO	NTH DA		2d HOUR
	ma	ale '	white		1934	LAST BUTHO	RS. MONTH	S DAYS	HOURS	MIN,	PRONOU DE A [3 4	19 80	7p M
7		THPLACE (STATE	OR .	76. CITIZEN OF W	HAT COUNT	RY?	8. MARRI	ED NE	VER MARE	RIED 🗌	9. BALTIA	AORE CIT	Y OR CO	O YTNUC	FDEATH	
Ļ	0.017	Scranto		USA			WIDOW		DIVOR		Howa					MD.
I	D. CII	Y OR TOWN OF		11. NAME OF HO	ACILITY, GIVE STE	REET ADDRESS		ER INSTITU	TION	12a. USU	JALOCCU MOST OF WO Eng	PATION (TYPE OF W	VORK 17b.	KIND OF BU OR INDUST	JSINESS RY
Ū	JSUA	Columbia		11008]	Berrype	eck La	ine								els	
	3e. ST	Md.	13b. COUN		Col	or town umbia		13d. INSIDE (I	NO [008 B	erry	peck	La.		
1	4 FA	THER'S NAME		MIDDLE	L,	AST		15. MOTHE		DEN NAME		MIDDLE		1	LAST	
1	60 \A/	Thomas AS DECEASED EV			144 500	AL SECURIT	VNO	Rose				ADDRI	r c c	Unk	ζ	
ľ	(YE	, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)						J# 1 og/	ole /18			ddool	Dd A	lex.Va
=		no	ATH /Enter on	ly one coure on lie		6-084	7	rary	I. W	VIICS	2K 40	1/ W.	. Dra	udocr	APPROXIMATI	
ı		PART I DEATH	WAS CAUSE									BI	ETWEEN ONSE			
١	5	8809	IMMEDIA	E CAUSE (U)	R AS A CONS				7							45
			f any, which	(b)_												
I		cause (a) sta lying cause le	ing the <u>under</u> - ist.	DUE TO, O	R AS A CONS	EOUENCE	OF			92				10		
ı		PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATI	ED TO THE TERM	NINAL DISEASE	OR CONDITIO	N GIVEN IN P	ART 1 (p)						
ı	NO O		Fatty change of liver													
	CERTIFICATION	190. DATE OF OP	ERATION .	19b COND	ITION FOR W	ION FOR WHICH OPERATION WAS PERFORMED?							30	EADPS &	å ABD.	
	CER	210 EXTERNAL C		21b. TIME C	FINJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1								,			
	Z S	UNDERLYING OR HOUR ** MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 10p.m. 2-29- 1980 Subject apparently fell down statement of the place of injury (athome, 21f. LOCATION								steps	5 .					
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.)										Md.				
		while at work at work home 11008 Berrypeck Lane, Columbia, Howard									Ma.					
		22a. I certify th	at I taak charg	e of the remains de	1	The	Autops	XXX	Inspection	an 🔲,	Inquiry	U	and in r	my opinion		
		death resulted fr	am: Natur	ral causes ,	Accident	_X, Su	icide .		ide 🔲 ,	Undet	ermined m	anner _],			
		ACTUAL	M	INT	1		- 31	TITLE (S		n+			D	ATE	3-5-80	W Edit
		SIGNATURE	1	WN	1		M.	D. Ass:	rsial	TO WED	ICAL EXAM	AINER	S	IGNED	1-2-00	
12		EXAMINER'S NA (TYPE OR PRINT)	- 411	n M. Dix				ADDRESS_		Ll Pe		•				
2	3e.BU	burial	N,REMOVAL 2	3b. DATE	23c. N	AME OF CE	METERY OF	Comp	DRY Terry	CITY	CATION OR TOWN Lratf	ordo	Com	COUNTY	ST	TATE
1	24. FU	NERAL DIRECTOR	Wheat1	3-13-80 ey Funera					250. DATE	REC'D. BY	REGISTRA	AR 25b. RE	GISTRA	R'S SIGN	MTURE Crea	-1.
		Everry-	wileati	ey runera	I HOLLIC	, , , , , ,	22., 70		N.	MAR 1	4 19	8U	Jun 1	7		7
														of the second		0

